ISDA Pesticide Licensing and Certification: PO Box 7723, Boise, Idaho 83707 Telephone number: (208) 332-8600 - Fax: (208) 334-3547

IDAHO STATE DEPARTMENT OF AGRICULTURE REQUEST FOR RECERTIFICATION COURSE ACCREDITATION

Idaho State Department of Agriculture's goal is to process your request for credit assignment as quickly as possible.

Complete and submit this form with your meeting agenda. Be sure the agenda contains starting and ending times for all presentations. Show the time required for travel (if meeting or tour is at different locations), meals, and breaks. Your program will be evaluated on the basis of 60 minutes of verifiable pesticide related information = one (1) credit. Sessions with less than 60 minutes will not be accredited unless prior arrangements have been made.

2. Program dates(s) (Include month, day and year)			
4. Location of Meeting or Semi	nar		
Facility	City or Town	State	
5. Organization/Agency Condu	cting the Meeting or Semin	ar	
6. Expected Number of Participants:		Open to Anyone?	
7. Contact Person:		For Invitees Only?	
8. Address:			
9. Telephone:		Fax:	
Email			

NOTE:

Requests for recertification credits are required for all meetings or seminars for pesticide applicator recertification credits. Request forms must be mailed or faxed to the Licensing Section <u>not later than 30 days prior</u> to the meeting or seminar to allow for processing time.